

**STATE OF MAINE**  
**EMPLOYEE LEASING COMPANY REGISTRATION FORM**  
**January 31, 2004 – January 30, 2005**

Please return this form with the required fee (**New \$500. - Renewal \$100. - Changes \$25.**) to the:  
Bureau of Insurance, 34 State House Station, Augusta, Me 04333-0034.

*If already registered, please include any changes in original authorization on this form. Thank you.*

**Type of registration: (check one)    ☐ New    ☐ Renewal    ☐ Change Request**  
*(Make changes below)*

1. Name of Registrant <i>(In case of name change please list both names)</i>	
2. Name or Names under which Registrant Conducts Business (if different from above)	
3. Other Names under which Registrant has operated within Maine in the past 5 years	
4. Principal place of business (street address) (city state & zip)	4. (a) Internet email address
5. Mailing address	6. Taxpayer or Employer Identification Number (FID #)
7. Contact Person (Please print): <span style="float: right;">TELEPHONE #</span>	
8. Street addresses of other offices maintained by registrant within this State	

9. List all other states in which applicant has operated in the past 5 years. Please identify any alternative names, predecessors, and, if known, successor firms to or of registrant in each state. *Please attach a separate sheet as necessary.*

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10. (a) List all natural or legal persons, who possess a 5% or greater ownership interest in the registrant at time filing this registration form. *Please attach a separate sheet as necessary*

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(b) List all natural or legal persons and dates, other than those listed in 10a, who have possessed a 5% or greater ownership interest in the preceding 5 years. *Please attach a separate sheet as necessary*

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11. (a) List all workers compensation insurance policies issued to the registrant or its predecessors in the previous 5 years.  
*Please attach a separate sheet as necessary. (Insurer, policy number & policy period)*

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(b) Name and address of current workers' compensation insurer (Insurance Company):  
*Please attach a separate sheet as necessary*

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Please provide a copy of your current workers compensation certificate of liability.

(c) Name and address of Maine licensed producer (agent) and agency handling the sale of workers' compensation coverage for the client companies: *Please attach a separate sheet as necessary*

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(d) **(Execute only if 11(a) is not applicable)**

I hereby swear and attest that, to the best of my knowledge and belief, no workers compensation insurance policy issued to or with respect to registrant or a predecessor of registrant has been canceled or non-renewed within five years prior to this date.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Please Print above name

12. Are you currently operating a self-funded plan for health benefits for client companies? Yes\_\_\_\_ No\_\_\_\_  
If yes, please submit the information identified in the attached instructions.

13. (a) Are you currently providing health benefits to employees through an insurer authorized in Maine?  
Yes\_\_\_\_ No\_\_\_\_

If yes, **name** and **address** of **insurer** (Insurance Company): *Please attach a separate sheet as necessary*

\_\_\_\_\_  
(b) **Name** and **address** of Maine licensed **producer** (agent) and handling the sale(s):  
*Please attach a separate sheet as necessary*

I hereby swear that the information provided on or as an attachment to this registration form is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Corporate Officer

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title